

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048926

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

CORRECTED COPY

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3610

FILED JAN 10 1963

## 1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN JEFFERSON BARRACKS, MO.

Length of stay in 1b

7 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION  
HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY MADISON

c. CITY OR TOWN ALTON

Inside Limits

Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
1914 WASHINGTON

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
CHESTER A. BROWN4. DATE OF DEATH  
Month : Day : Year  
DECEMBER 9, 19625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
11-10-889. AGE (last birthday)  
74 YEARSIF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
SERVICE STATION OPERATOR10b. KIND OF BUSINESS OR INDUSTRY  
OIL11. BIRTHPLACE (City and state or country)  
KENTUCKY12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

GEORGE BROWN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
YES 8-20-08 to 8-19-

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Lester A. Brown (son)  
4024 Aberdeen, Alton, Illinois18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE INFARCTION OF LEFT TEMPORAL LOBE  
(CEREBRAL VASCULAR ACCIDENT)INTERVAL BETWEEN  
ONSET AND DEATH

1 WEEK

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

CEREBROVASCULAR ARTERIOSCLEROSIS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PULMONARY EMPHYSEMA

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour : Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-2-62 to 12-9-62 and

Death occurred at 6:17 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

VA HOSP. JEFF. BRKS. MO.

22c. DATE SIGNED

12/12/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

WARNER FUNERAL HOME MEDORA, ILL.

12-11-62

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

2

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300  
Rev. 4/591 4400  
2 8120

3

4 0

5 2

6

7 1

8 1

9 332X

10

11

12 48-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signature Nelson S. Tarhett

Licensed Embalmer No. 8204

P. O. Address Medara, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.